	10-120
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	FOR COURT USE ONLY
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
NAME OF DESCRIPANT	
NAME OF DEFENDANT:	
STREET ADDRESS: MAILING ADDRESS:	
CITY AND ZIP CODE:	
HOME TELEPHONE NO.:	
WORK TELEPHONE NO.:	
DRIVER'S LICENSE NO.:	
DATE OF COURT ORDER:	
IGNITION INTERLOCK CALIBRATION VERIFICATI TAMPER REPORT	ON CASE NUMBER:
Defendant's name:	
2. Installer's name:	
Address:	
City, state, ZIP:	
Telephone:	
3. Vehicles:	
Make Model Year Color	<u>License Plate No.</u> <u>VIN</u>
a.	
b.	
C.	
4. This is the six-month yearly report (if relevant).	
5. Installation date: a. b.	C.
6. Odometer reading: a. b.	C.
7. Calibration setting: a. b.	C.
8. Unit serial No.: a. b.	C.
9. Program to end (date):	
10. The system is in calibration. a. b. c.	
11. The system has been inspected and is functioning properly. a.	☐ b.
12. The ignition interlock devices installed in vehicles . a. b.	c. show evidence of tampering.
(Describe/additional comments):	
13. Payment of \$ + sales tax \$ Total of	collected \$ paid by
a. Credit card	
b. Money order/cashier's check/certified check	
 c. Cash/personal check I declare under penalty of perjury under the laws of the State of California that the for 	ogging is true and correct
r declare under penalty of perjury under the laws of the State of California that the for	egoing is true and correct.
Date:	
·	(SIGNATURE OF INSTALLER)
DEFENDANT: Your next monitoring check is (date): . If you have not had your system serviced within seven days of	
the due date, the system will shut down and you will be unable to start your car. It will be your responsibility to have your car towed to	
the calibration location. Your next payment of \$ is due at the above monitoring check. Payment must	be made in full before service is performed. If
payment is not made, the system may shut down and you may not be able to start your car. This will result in a service call that will be	
your responsibility. You may be required to make an additional payment for late payment	
I acknowledge receipt of a copy of this form.	
Date:	

Distribution: Court, Manufacturer or Manufacturer's Agent, Defendant, Probation Department

(SIGNATURE OF DEFENDANT)